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CONFIRMATION NO. 9738

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10/601,455		604	3761	COD5001USNP

APPLICANTS

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**** CONTINUING DATA *******

/LRD/

**** FOREIGN APPLICATIONS *******

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**** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ****

08/29/2003

Foreign Priority claimed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		MA	3	46	45

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TITLE

Implantable medical device having pressure sensors for diagnosing the performance of an implanted medical device

FILING FEE RECEIVED 3004	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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